

to a maximum degree of successful results in treatment. Otherwise unless the diabetes is very mild there is no hope. (3) Fast days and half-days are of great help in the treatment of the majority of patients, but are not necessary as routine measures in all cases at all times. (4) It is wise for a patient under treatment to realize that he is not a normal person on a normal diet and to regulate his mental and physical activities (and therefore his caloric output) by his caloric intake. (5) Exercise should be advised only in exceptional cases and in proportion to the amount of energy afforded by the caloric intake. Rest rather than exercise should be urged. (6) Long-continued diets overbalanced in fat (180 gm. and over) are harmful and their harmful effect is insidious. Aside from their immediate effects in the production of acidosis and glycosuria they have a depressing effect on tolerance. This effect is overcome only by long periods of low caloric intake. (7) We have no cure for diabetes, but we have a greatly improved method of treatment, particularly as regards prolongation of life and the avoidance of surgical complications, as many observers who have employed the general principles of treatment advanced by Allen will testify.

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## PEDIATRICS

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UNDER THE CHARGE OF  
THOMPSON S. WESTCOTT, M.D., AND ALVIN E. SIEGEL, M.D.,  
OF PHILADELPHIA.

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**The Child and the State.**—SHAW (*Arch. Ped.*, August, 1919) says that a child should have the right to intelligent consideration before he is born, to be born well and to be kept well. To insure this is the purpose of all child welfare work. The State should give to all children a sound and liberal education. Every child should come periodically under direct medical and dental supervision, and if found defective should be followed up. Every child found malnourished should somehow or other be nourished and every child found verminous should somehow or other be cleansed. Skilled medical treatment should be available for every sick, diseased or defective child. Every child should be educated in a well-ventilated classroom, or in some form of open-air schoolroom or classroom. Every child should have daily, organized, physical exercise of appropriate character. No child of school age should be employed for profit except under approved conditions. The school environment and the means of education should be such as can in no way exert unfavorable or injurious influences upon the health, growth, and development of the child. Dr. S. Josephine Baker has outlined a broad scheme of reconstruction and the child. She would have in each State a department of child welfare of equal importance with other State departments. The department should be divided into the following bureaus: (1) A bureau of child-caring institutions, which would supervise orphan asylums, day nurseries, boarded-out babies,

and widows' pensions; (2) a bureau of mental hygiene, which would have charge of all matters pertaining to mentally defective children; (3) a bureau of delinquency where the relation of crime to health would be studied and the prevention of crime in children would be supervised and the courts for children would be supervised as well; (4) a bureau of recreation, which would supervise playgrounds, physical training and play; (5) a bureau of child labor with the supervision of the child in industries and the carrying out of the child labor laws from the point of view of the child and not of the employer; (6) a bureau of child hygiene with the responsibility of the health of the children and their care from the prenatal period to adolescence. This bureau would control midwives, prenatal care, prevention of infant mortality, child welfare stations, health supervision of the child of the pre-school age, medical inspection and examination of school children; (7) a bureau of child legislation to prepare a children's code which would consist of all essential legislation to protect the child from the prenatal period to adolescence.

**Stammering.**—KENYON (*Am. Jour. Dis. Children*, December, 1919) contends that stammering in most cases begins in early childhood as a perversion of the normal processes of speech development. This perversion of the normal speech processes is dependent on emotional disturbances arising from the necessity of developing the speech function under the trying conditions of social interrelations. Thus there are aroused in the child more or less profound manifestations of so-called social emotions. Behind this exciting cause often lie congenital foundations and environmental conditions, which tend to encourage the natural childish tendencies to excitability and emotionalism. Natural childish characteristics—impulsiveness, lack of self-control, relative absence of knowledge and reasoning, apprehensiveness—as well as the doubtful, wavering, clumsy, state of partial development of the speech function, both constitute factors which help to render the child susceptible to this manner of speech perversion. The immediate psychology of the incitation to stammering involves emotional excitement, mental confusion, and the impulsive effort to talk while in this uncertain state of mind. The result is a speech panic, in which normal control of the peripheral speech machine is for the moment lost. In the background of this immediate mental picture lie various disturbing phenomena which add to the mental confusion. The beginning perversions of the speech act are often repeated; the stress of mind behind them becomes a more or less constant status of mind. These mental and physical perversions play a harmful part in the general mental and physical physiological processes of development. Thus the susceptibility to emotionalism and excitability slowly increase both as to uncontrollability and to intensity, as well as to the physical manifestations in the peripheral organs of speech. All of this cannot go on for months and years without having its influence in perverting the development of the character in general. The advanced stammerer becomes a stammering person, rather than an entirely normal person who stammers. This fact renders the complete eradication of the disorder exceedingly difficult and calls for the beginning of treatment at the earliest possible time, preferably at the beginning of the manifestations.